

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 29, 1990

ALL COUNTY INFORMATION NOTICE NO. I-35-90

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC BUDGET WORKSHEET, CA 30 (4/90)

REFERENCE: ACL 89-90, DATED SEPTEMBER 5, 1989

This letter transmits a copy of the AFDC Budget Worksheet, CA 30 (4/90). This revision is based upon comments received from counties since October 1989, when provisions of the Family Support Act were incorporated onto the form.

The changes are basically "clean-up" items and include:

- o On the front page - Item A was reworded to read, "Maximum Aid Payment/Rate." The word "Rate" is used in the Foster Care Program and accommodates that need;
- o On the back page - Item A2 was expanded to include the phrase, "Include child support collected by the county." The phrase accommodates provisions of MPP 44-207.211b. Child support collected by the county must be included when calculating the 185% income test;
- o On the back page in Section B - Subtotal line items were added after existing line items which read: "Disregard 1/3 of Subtotal in 6 above (if applicable)" and "Incapacitated Individual." Subtotal line items were added to facilitate the net income computation process.

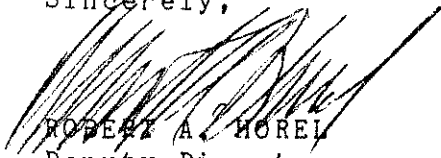
STOCK

Stock is expected in the DSS Warehouse by July 1, 1990. Stock on hand will be depleted prior to releasing the revised form. Form orders should be submitted to the Warehouse according to normal procedures.

For counties that print stock, a camera-ready copy of the CA 30 (4/90) can be requested from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738.

If there are any questions regarding this form, please contact LeAnne Torres, AFDC and Food Stamp Policy Implementation Bureau, (916) 324-2016 or ATSS 454-2016.

Sincerely,



ROBERT A. HOREL
Deputy Director

Attachment

AFDC BUDGET WORKSHEET

CASE NAME:	CASE NUMBER:	WORKER NUMBER:
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Payment Month	ASSISTANCE UNIT	Recipients	Check (✓)	
			Federal	State Only
ADULTS	1.			
	2.			
CHILDREN	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
TOTAL				
A. Maximum Aid Payment/Rate for _____ Persons		\$		
1. Special Needs (Other than Homeless Assistance)		+		
		+		
2. Net Nonexempt Income (Enter Item (B) 14 from Reverse)		-		
B. Aid Payment (If less than \$10, enter 0)		\$ =		
Proration figure Date:		X .		
C. Prorated Aid Payment		\$ =		
D. Homeless Assistance		+		
E. Overpayment Adjustment		-		
F. Adjusted Aid Payment		\$ =		

BUDGET RECOMPUTATION

G. Aid Payment Previously Authorized	\$	G. Aid Payment Previously Authorized	\$	G. Aid Payment Previously Authorized	\$
H. Correct Aid Payment	\$	H. Correct Aid Payment	\$	H. Correct Aid Payment	\$
I. Overpayment (If G larger than H)	\$	I. Overpayment (If G larger than H)	\$	I. Overpayment (If G larger than H)	\$
J. Underpayment (If H larger than G)	\$	J. Underpayment (If H larger than G)	\$	J. Underpayment (If H larger than G)	\$
EW INITIAL AND DATE	AUTHORIZATION DATE	EW INITIAL AND DATE	AUTHORIZATION DATE	EW INITIAL AND DATE	AUTHORIZATION DATE

COMMENTS:

INCOME COMPUTATION

(A) 185% INCOME TEST

	Budget Month for Payment Month _____	Budget Month for Payment Month _____	Budget Month for Payment Month _____
1. 185% of MBSAC plus Special Needs for _____ Persons	=		
2. Gross Income (B3 plus B9 plus excluded persons gross income. Include child support collected by the county.)	=		
3. Gross Income Eligible (A1 exceeds A2)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

(B) NET INCOME COMPUTATION

	Budget Month for Payment Month _____	Budget Month for Payment Month _____	Budget Month for Payment Month _____
1. Gross Earned Income	Person 1	Person 2	Person 3
2. Net income from Self-Employment Earnings (If applicable, calculate below)	Person 1	Person 2	Person 3
3. Total Earned Income			
4. Standard Work Expense Disregard			
5. Disregard \$30 (if applicable)			
6. Subtotal			
7. Disregard 1/3 of Subtotal in 6 above (if applicable)			
8. Subtotal			
9. Dependent Care Expense Disregard			
a) Full Time - Child(ren) over 2 years			
b) Full Time - Child(ren) under 2 years			
c) Part Time - Child(ren) over 2 years			
d) Part Time - Child(ren) under 2 years			
e) Incapacitated Individual			
10. Subtotal			
11. Other Countable Income: (Specify)			
12. Court Ordered Child/Spousal Support Paid			
13. Net Nonexempt Income			
14. Total Net Nonexempt Income (Enter in A 2 on Side 1)	\$ =	\$ =	\$ =

(C) EARNINGS FROM SELF-EMPLOYMENT

1. Gross Earnings from Self-Employment	\$		
2. Business Expenses: (Specify)	-		
	-		
	-		
	-		
3. Net Business Income (C1 minus C2. Enter in B2 above)	\$ =		